

## Legal Name Change Request

INSTRUCTIONS: Complete and submit the form with required documentation to Registrar@creighton.edu.

**Current Name:** \_\_\_\_\_  
*Last First Middle*

**NetID/SSN:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

\*\*\*\*\*

***Please print requested name change exactly as it should appear:***

\_\_\_\_\_  
*Last First Middle*

This request is substantiated by the attached document:

- ☐ Marriage license  
☐ Divorce decree  
☐ Legal name change approval  
☐ Other: \_\_\_\_\_.

**Current Address:** \_\_\_\_\_  
*Number & Street City State Zip*

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**OFFICE USE ONLY:**

\_\_\_\_\_ Entered in Banner

**Current Student – Send to:**  
\_\_\_\_ Academic Dean's Office  
\_\_\_\_ Financial Aid Office

**Former Student – Send to:**  
\_\_\_\_ Academic Dean's Office  
\_\_\_\_ Financial Aid Office  
\_\_\_\_ Alumdata@